

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Prevalence of and factors associated with the use of gender affirming hormonal therapy outside the reference regimen among transgender people in a community-led clinic in Metro Manila, Philippines: a retrospective cross-sectional study
AUTHORS	Eustaquio, Patrick; Dela Cruz, Jan Dio Miguel; Araña, Yanyan; Rosos, Bubbles; Rosadiño, John Danvic; Pagtakhan, Ronivin; Regencia, Zypher Jude; Baja, Emmanuel

VERSION 1 – REVIEW

REVIEWER	Sira Korpaisarn Mahidol University Faculty of Medicine Ramathibodi Hospital Department of Medicine
REVIEW RETURNED	23-Feb-2023

GENERAL COMMENTS	<p>Thank you for involving me in this review. I have no major concerns, only minor comments, since the study is clear and the outcomes answer the study's objective. I believe this would be a great resource for transgender care.</p> <p>Introduction</p> <ul style="list-style-type: none">- Well written with a great review of the literature.- Since the BMJ open is not a transgender/LGBTQIA+ -specific journal, it would be better to briefly overview the recommended hormonal regimens to the reader. <p>Results:</p> <ul style="list-style-type: none">-Page 10, line 31 – better use the generic name “spironolactone” rather than the trade name “Aldactone.” <p>Discussion</p> <ul style="list-style-type: none">- Page 15, line 38: Please discuss why the prevalence of using hormones outside the reference regimen in transmen differed between this study and the Thailand study in the same region. I believe the Thailand study considered dose and interval in injection, not only the form of the hormone.
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REVIEWER	Timo Nieder University Medical Center Hamburg-Eppendorf
REVIEW RETURNED	01-Apr-2023

GENERAL COMMENTS	This manuscript describes a cross-sectional study from the Philippines on the use of GAHT among trans people. Since there are hardly any relevant data from this area on the question of GAHT intake, the overall approach of the study is of interest. Unfortunately, I find the presented study lacks both a clear conceptualization and a sound reporting, which I briefly address in the following.
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	<p>Background</p> <p>What is particularly missing from the introduction, in my view, is (1) how the SoC recommend GAHT use (since deviation from it constitutes the primary outcome) and (2) what regular mainstream healthcare looks like in the Philippines and what options trans people have other than the community clinic in Metro Manila. Finally, I miss a description of the community clinic itself, how health care is applied there, who works there and how, and with what aims, etc. There are two sentences in the Methods section ("Accessing gender affirming care in the Philippines is out-of-pocket and is not funded by public or private health insurance. However, gender affirming care services are accessible in VLY for free, initially funded by Stop AIDS Now Fund and LGBT Fund but are currently being self-funded by LoveYourself, Inc.") which I find insufficient and better placed in the Background section.</p> <p>Methods</p> <p>Please describe training and qualification of "trained healthcare providers". Please provide the standardized medical assessment form as a supplement (in English). Without knowing this form, data derived from the baseline consult are difficult to interpret (e.g. you report that "almost all presented with gender dysphoria (94.5%)", but we don't know if you simply asked or if you assessed against the DSM-5 diagnostic criteria or in what way you came to the assessment that they "presented with gender dysphoria". As part of the outcome assessment, I recommend describing the WPATH SoC8 pathway and the enrolled trans patients' pathway and specifically identifying how they deviate from the SoC8 pathway. Unclear to me is why there are trans women and trans feminine people but only trans men and no trans masculine people. If the authors decide to keep this difference, I would like to read an explanation where this difference comes from.</p> <p>Discussion</p> <p>The discussion also partially lacks a comprehensive understanding of the findings, not only in comparison to other low- and middle-income countries, but also, for example, to the SoC-8, which aim for global applicability. It would be useful and, against the background of referencing the SoC-8 in the introduction section and as primary outcome, also necessary to critically examine the on-site applicability of the SoC-8 on the basis of the healthcare situation in the Philippines. What is different in the Philippines and how would the SoC have to change in order to be applicable to the health situation for trans people in the Philippines and thus be effectively helpful?</p> <p>Next to the SoC-8 what about other position statements (T'Sjoen, G., Arcelus, J., De Vries, A. L. C., Fisher, A. D., Nieder, T. O., Ozer, M., & Motmans, J. (2020). European Society for Sexual Medicine Position Statement "Assessment and Hormonal Management in Adolescent and Adult Trans People, With Attention for Sexual Function and Satisfaction". J Sex Med, 17(4), 570-584. https://doi.org/10.1016/j.jsxm.2020.01.012) and guidelines (Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. J Clin Endocrinol Metab, 102(11), 3869–3903.)?</p>
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	<p>Conclusion</p> <p>I think the lack of conceptualization of this study comes clear by the following. In the conclusion, the authors emphasize the “high prevalence of unprescribed GAHT”, whereas in the methods section it is stated that “accessing gender affirming care in the Philippines is out-of-pocket and is not funded by public or private health insurance”. Surely, as long as there is no professional endocrine care related to transition, it is more than likely that trans people will obtain sex hormones by other means. However, in relation to the study presented, it seems that the authors set up the community clinic and only later came up with the idea that it would be useful to report baseline data. To better understand the data, there would need to be a more transparent description of the data collection (how the data was collected), more information on the background of the sample (also in relation to the potential biases within the sample) and a more informed discussion of the results with different reference points (see above, both in relation to the SoC-8 but also in relation to what other statements or guidelines write, see above).</p>
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VERSION 1 – AUTHOR RESPONSE

Dr. Sira Korpaisarn, Mahidol University Faculty of Medicine Ramathibodi Hospital Department of Medicine

Comments to the Author:

Thank you for involving me in this review. I have no major concerns, only minor comments, since the study is clear and the outcomes answer the study's objective. I believe this would be a great resource for transgender care.

Response:

Thank you for your feedback. Your insight on this work being a resource for transgender care is reaffirms our cause.

Introduction

- Well written with a great review of the literature.
- Since the BMJ open is not a transgender/LGBTQIA+ -specific journal, it would be better to briefly overview the recommended hormonal regimens to the reader.

Response: Thank you for the very useful feedback. A brief overview of the recommended regimen is added in the introduction section (see page 6).

Results:

- Page 10, line 31 – better use the generic name “spironolactone” rather than the trade name “Aldactone.”

Response: Thank you for this essential feedback. All mention of “aldactone” was changed into “spironolactone.”

Discussion

- Page 15, line 38: Please discuss why the prevalence of using hormones outside the reference regimen in transmen differed between this study and the Thailand study in the same region.

I believe the Thailand study considered dose and interval in injection, not only the form of the hormone.

Response: Thank you for this feedback. Since the Thailand study is one of our main references, we wrote a paragraph discussing the differences in methodologies, which could explain the difference in the prevalence determined in each study. Briefly, we noted the differences in the reference regimen recommendation used, nature of the sampling and recruitment strategies, and the consideration of dosage interval in the Thailand study as a criterion for the outcome of interest.

Reviewer: 2

Dr. Timo Nieder, University Medical Center Hamburg-Eppendorf

Comments to the Author:

This manuscript describes a cross-sectional study from the Philippines on the use of GAHT among trans people. Since there are hardly any relevant data from this area on the question of GAHT intake, the overall approach of the study is of interest. Unfortunately, I find the presented study lacks both a clear conceptualization and a sound reporting, which I briefly address in the following.

Response: Thank you for this feedback. We improved on communicating the conceptualization and reporting of the different components of the study. In community-based research outputs like this, it is crucial to communicate to the readers the research agenda of the grassroots trans community, with whom we worked with closely for identifying the research question, data extraction, analysis, and interpretation, and, eventually, the dissemination of these results.

Background

What is particularly missing from the introduction, in my view, is (1) how the SoC recommend GAHT use (since deviation from it constitutes the primary outcome) and (2) what regular mainstream healthcare looks like in the Philippines and what options trans people have other than the community clinic in Metro Manila. Finally, I miss a description of the community clinic itself, how health care is applied there, who works there and how, and with what aims, etc. There are two sentences in the Methods section (“Accessing gender affirming care in the Philippines is out-of-pocket and is not funded by public or private health insurance. However, gender affirming care services are accessible in VLY for free, initially funded by Stop AIDS Now Fund and LGBT Fund but are currently being self-funded by LoveYourself, Inc.”) which I find insufficient and better placed in the Background section.

Response: Thank you for specifying the missing pieces in the background. Firstly, we added the WPATH-SOC8 recommendations (see page 6). Secondly, we added a description of the healthcare pathway for both mainstream and trans health in the Philippines and discussed the different points of entry of trans people into trans health (see page 4). Finally, we moved the description of the community-based clinic from the Methods section to the Introduction (see page 5) section and we also added the service delivery model, its objectives, a description of the peer and healthcare providers, available services, and funding mechanism.

Methods

Please describe training and qualification of “trained healthcare providers”.

Response: Thank you for this feedback! We described further the training and qualifications of our trans peer providers and licensed healthcare providers (see page 7).

Please provide the standardized medical assessment form as a supplement (in English). Without knowing this form, data derived from the baseline consult are difficult to interpret (e.g. you report that “almost all presented with gender dysphoria (94.5%)”, but we don't know if you simply asked or if you assessed against the DSM-5 diagnostic criteria or in what way you came to the assessment that they “presented with gender dysphoria”.

Response: Thank you for this essential feedback. As the actual standardized medical form is comprehensive and include many information that is not relevant to the study, we created Supplementary Table 1, which describes the variables, standardized question/scale/criteria used to measure the variable, response options, and analytical coding. This provides readers more context on how the variables were collected, transformed, and analysed (see Supplementary Table 1), e.g., regarding the gender dysphoria, patients during baseline were asked to complete the 27-item Gender Dysphoria Questionnaire for Adults and Adolescents and clinically diagnosed using the Diagnostic and Statistical Manual of Mental Disorders 5th Edition.

As part of the outcome assessment, I recommend describing the WPATH SoC8 pathway and the enrolled trans patients' pathway and specifically identifying how they deviate from the SoC8 pathway.

Response: Thank you for this feedback. We added descriptions of the WPATH-SOC8 recommended regimens in the introduction (page 6). Moreover, we added specifications on how the patients are using GAHT aligned or outside the reference regimen in the Methods section (page 7) and in the Supplementary Table 1. Specifications of how patients deviated from the reference regimen are specified in Table 3 of the Results (page 13).

Unclear to me is why there are trans women and trans feminine people but only trans men and no trans masculine people. If the authors decide to keep this difference, I would like to read an explanation where this difference comes from.

Response: Thank you for this clarification. We are keeping this difference as we wanted to increase

the visibility of non-binary trans feminine people in the scientific literature in the Philippines, where these marginalized group of people are often neglected and erased. In the Methods section, we clarified that since all non-binary individuals assigned male at birth (AMAB) self-identified as trans feminine (see page 9), we opted to use trans feminine for readability purposes. Nonetheless, we continuously acknowledged their non-binary identity. Meanwhile, none of the trans assigned female at birth (AFAB) self-identified as non-binary or trans masculine, and all of them self-identified as trans men. In the Philippines, the trans AMAB put heavy importance on gender expression. Among trans AMAB in the Philippines, the community value for *pag-papaganda* or beautification to look more feminine, to have an ability to pass as cisgender women, is often mentioned. Hence, nuances in overlapping gender identities and/or expression may be seen.

Discussion

The discussion also partially lacks a comprehensive understanding of the findings, not only in comparison to other low- and middle-income countries, but also, for example, to the SoC-8, which aim for global applicability. It would be useful and, against the background of referencing the SoC-8 in the introduction section and as primary outcome, also necessary to critically examine the on-site applicability of the SoC-8 on the basis of the healthcare situation in the Philippines. What is different in the Philippines and how would the SoC have to change in order to be applicable to the health situation for trans people in the Philippines and thus be effectively helpful? Next to the SoC-8 what about other position statements (T'Sjoen, G., Arcelus, J., De Vries, A. L. C., Fisher, A. D., Nieder, T. O., Ozer, M., & Motmans, J. (2020). European Society for Sexual Medicine Position Statement "Assessment and Hormonal Management in Adolescent and Adult Trans People, With Attention for Sexual Function and Satisfaction". J Sex Med, 17(4), 570-584. <https://doi.org/10.1016/j.jsxm.2020.01.012>) and guidelines (Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. J Clin Endocrinol Metab, 102(11), 3869–3903.)?

Response: Thank you for this feedback! Our previous draft of the discussion focused on the GAHT intake behaviour among trans people and health system aspects in the Philippines. Based on this feedback, we expanded our discussion to include three topics: (1) comparison with other studies (methods and findings) in both low- and middle-income countries and high-income countries (see page 15), (2) our findings relative to other guidelines* (see pages 16-17), and (3) applicability of WPATH-SOC8 in the Philippines. We also added on how the WPATH-SOC8 can improve its global applicability given its current limitations (page 18).

* Other guidelines mentioned in the paper were widely used guidelines, such as the European Society for Sexual Medicine Position Statement and Endocrine Society Guidelines 2017, and other guidelines in the Asia Pacific, including the Thai Handbook on Transgender Health and the Trans health Blueprint in the Asia Pacific.

Conclusion

I think the lack of conceptualization of this study comes clear by the following. In the conclusion, the authors emphasize the “high prevalence of unprescribed GAHT”, whereas in the methods section it is stated that “accessing gender affirming care in the Philippines is out-of-pocket and is not funded by public or private health insurance”. Surely, as long as there is no professional endocrine care related

to transition, it is more than likely that trans people will obtain sex hormones by other means. However, in relation to the study presented, it seems that the authors set up the community clinic and only later came up with the idea that it would be useful to report baseline data.

Response: Thank you for this feedback! It is unfortunate that our study objectives and conclusions were not communicated clearly. While it is true that these are expected findings in a country where gender affirming care is in its infancy and is inaccessible for many, this, nonetheless, emphasizes issues of health inequity. Reporting this baseline data is crucial in improving the gender affirming care in the Philippines as studies of relatively better scientific rigor than community consultations are often required to influence healthcare policies. Many other studies on gender affirming care in Asia, particularly in Thailand, reported their baseline data retrospectively and were able to influence policies locally and internationally. Documentation of these clinical experiences are also crucial to improve the global applicability of the WPATH recommendations. Nonetheless, we improved on the communication of our findings by emphasizing the current context where and when the analysis took place, providing more information on the data collection and analysis, and conveying the limitations of the study.

To better understand the data, there would need to be a more transparent description of the data collection (how the data was collected), more information on the background of the sample (also in relation to the potential biases within the sample) and a more informed discussion of the results with different reference points (see above, both in relation to the SoC-8 but also in relation to what other statements or guidelines write, see above).

Response: Thank you for specifying points of improvement in the manuscript. We considered all of these, which can be seen in the current revisions. We improved on the transparency on data collection by describing the where the data came from (see page 7), how these were collected and by whom (see page 7), and how these data were transformed and analysed (see Supplementary Table 1). We provided more information on the sample (see page 7), compared the sampling technique with other studies done (see page 15), and emphasized its limitations (see page 20). Lastly, we also improved the discussion by the inclusion of other guidelines as reference points (see pages 16-18) and its implications on improving WPATH recommendations which advocate for global applicability.

VERSION 2 – REVIEW

REVIEWER	Sira Korpaisarn Mahidol University Faculty of Medicine Ramathibodi Hospital Department of Medicine
REVIEW RETURNED	19-May-2023
GENERAL COMMENTS	<p>Thank you so much for your revision, including clarification with regard to our comments. I do not have further questions. However, 2 minor points need your attention.</p> <p>Page 7, line 3 – From my understanding, SOC8 does not specifically recommend triptorelin but is open to any GnRHAs.</p> <p>Page 17, line 38: Typo error – However</p>

	Thank you,
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Dr. Sira Korpaisarn, Mahidol University Faculty of Medicine Ramathibodi Hospital Department of Medicine

Comments to the Author:

Thank you so much for your revision, including clarification with regard to our comments. I do not have further questions. However, 2 minor points need your attention.

Page 7, line 3 – From my understanding, SOC8 does not specifically recommend triptorelin but is open to any GnRHAs.

Response: Thank you for the comment. You are correct that WPATH SOC8 does not necessarily recommend triptorelin in particular. We removed it “triptorelin.”

Page 17, line 38: Typo error – However

Response: Thank you for noting this typographical error. We corrected it.